

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90241 031 \*\*\*\*61.25

**DOCUMENT # 748341**

1. Entity Name  
**KINGS LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US**

Mailing Address  
**1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US**

**54035220**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1985681**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MGMT CORP.  
1044 CASTELLO DRIVE #206  
NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **GARHAM, DOUGLAS**  
STREET ADDRESS **2296 ROYAL LANE**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **VP** ☐ Change ☒ Addition  
NAME **LAIRD, ROBERT**  
STREET ADDRESS **1765 COURTYARD WAY #205C**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete  
NAME **DAVIS, DORTHEA**  
STREET ADDRESS **2742 KINGS LAKE BLVD**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **SD** ☐ Change ☒ Addition  
NAME **FARNSWORTH, DUNCAN**  
STREET ADDRESS **1743 KNIGHTS WAY**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete  
NAME **NUECHTERLEIN, KARL**  
STREET ADDRESS **2432 DUCHESS CT**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **TD** ☐ Change ☒ Addition  
NAME **MONNOT, RAY**  
STREET ADDRESS **2425 KINGS LAKE BL.**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete  
NAME **HEPNER, JOSEPH**  
STREET ADDRESS **2135 TAMA CR #101**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROONEY, EDWARD**  
STREET ADDRESS **2420 KINGS LAKE BL.**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **PD** ☐ Delete  
NAME **STUDE, JOE**  
STREET ADDRESS **2541 KINGS LAKE BLVD**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Change ☒ Addition  
NAME **OAR, BILL**  
STREET ADDRESS **1814 KINGS LAKE BL. #103**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☐ Delete  
NAME **WITHAM, SUSAN**  
STREET ADDRESS **2104 BUCKINGHAM LANE**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1-04**